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(Requestor's Name) (Address)	700343304677
(Address) (City/State/Zip/Phone #)	04/23/2001027020 **35.00
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Office Use Only	

C. GOLDEN JUN - 5 2020 COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Hope C-entral Inc.
DOCUMENT NUMBER: N1400000 8955
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
<u>Kisha Mutrie</u> - <u>Vette Ramo</u> (Name of Contact Person)
Hope Central Inc. (Firm/Company)
338 Daniel's Pointe DR. (Address)
(City/ State and Zip Code) FL 34787
Keisha Mutrie 85 Symail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kisha Mutria at 407-637-9661

Suette Renues (Name of Contact Person) (Area Code)

,

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

(Daytime Telephone Number)

Mailing Address Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2020

KISHA MUTRIE 338 DANIELS POINTE DRIVE WINTER GARDEN, FL 34787

SUBJECT: HOPE CENTRAL INC. Ref. Number: N14000008955

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00010957



2020 JUT - 1 PT 12:58

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2020

KISHA MUTRIE 338 DANIELS POINTE DRIVE WINTER GARDEN, FL 34787

SUBJECT: HOPE CENTRAL INC. Ref. Number: N14000008955

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 520A00009327

Articles of Amendment to Articles of Incorporation of Hope Central Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N140000 8955 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation;

_The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:	Kisha Mutrie
	338 Daniels Pointe DR.
	(Florida street address)

<u>New Registered Office Address:</u>

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registerod Agent, if changing

2020 " "-5

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		Doc Jones Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Secretaly.	Kisha Mutrie	338 Daniels Pointe Dr AvinterGarden, FL 34787
2) <u>Change</u> Add	DiRection	Leonard Daniels	830 E. Magnolia St. Leerburg, PL 347 48
3) Remove Add Remove	<u> </u>		
4) Change Add	<u> </u>		
Remove			·····
5) Change Add			
Remove			
6) Change Add			
Remove		-	
	dding additional A sheets, if necessary)	rticles, enter change(s) here: . <i>(Be specific)</i>	
Ivette 1	Ramos n	ill No longer Be Ag	ent
·	<u> </u>		

date this document was signed.

Effective date if applicable:

 $\frac{4}{25}/20$ (no more than 90 days after amendment file date)

_

_____, if other than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

f The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

z 0 Dated weth. anto? Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)